

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



NOTICE OF CHANGE OF CORPORATE OFFICER(S) AND/OR DIRECTOR(S)

SECTION 1 – LICENSE INFORMATION (Type or Print)

LICENSE NO.: _____ (_____) _____ Telephone No.

CORPORATE NAME: _____

DOING BUSINESS AS NAME (DBA) (If Applicable): _____

CORPORATE ADDRESS: _____
Street City State ZIP Code

MAILING ADDRESS: _____
(If different) P. O. Box or Street City State ZIP Code

SECTION 2 – TYPE OF CHANGE (Check appropriate box or boxes)

- ☐ REMOVING OFFICER(S)/DIRECTOR(S): Complete Sections 3, 5 and 7, and submit with the \$72 fee specified in California Code of Regulations, Title 25, Chapter 4, Section 5040. Attach a copy of the corporate minutes evidencing the change.
- ☐ ADDING OFFICER(S)/DIRECTOR(S): Complete Sections 4, 5, 6 and 7, and submit with the \$130 fee specified in California Code of Regulations, Title 25, Chapter 4, Section 5040. Attach a copy of the corporate minutes evidencing the change.

NOTE: IF YOU ARE MOVING AND ADDING OFFICER(S)/DIRECTOR(S) PLEASE SUBMIT BOTH FEES.

SECTION 3 – REMOVED OFFICER(S)/DIRECTOR(S)

The following person(s) is/are no longer corporate officer(s), director(s) and/or controlling stockholder(s): (Type or Print)

FULL NAME	TITLE	EFFECTIVE DATE

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 4 – NEW OFFICER(S)/DIRECTOR(S)

The following new corporate officer(s) and/or director(s) has/have been appointed or elected, or new controlling stockholder(s) has/have been acquired. (Type or Print)

FULL NAME	TITLE	EFFECTIVE DATE

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 5 – CORPORATE STRUCTURE AFTER OFFICER(S) CHANGE

List the corporate officer(s), director(s) and controlling stockholder(s) below (include designated managing employee, if applicable.) In Column A, indicate with an "X" those persons who will participate in the direction, control and/or management of the manufacturing or sales operations of the business. (Type or Print)

COLUMN A	FULL NAME (First, Middle, Last)	TITLE	RESIDENCE ADDRESS

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 6 – LICENSING REQUIREMENTS

Each person indicated in Column A in Section 5 as participating in the direction, control and/or management of the manufacturing or sales operations of the business, that has not done so previously, must submit the following as an attachment to this form:

1. Occupational License Application for Manufactured Home/Mobilehome/Commercial Modular Manufacturers, Distributors, Dealers and Salespersons, Part B (Form HCD-OL 29.)
2. A properly completed HCD OL 8016 Live Scan form, unless exempted by the California Department of Justice (DOJ). Only approved DOJ live scan facilities may be used. See DOJ's website for approved facilities at <http://ag.ca.gov/fingerprints/publications/contact.htm>. If there are no live scan facilities available in your area or for out of state applicants, please contact us at (916) 323-9803 for directions and fingerprint cards. Applicants must pay the live scan operator directly for scanning their fingerprints.
3. Two (2) full facial photographs, minimum size 1¼" x 1", taken from a maximum distance of six (6) feet.
4. Proof (HCD examination receipt) of successful completion of the Manufactured Home or Commercial Modular Dealer Examination.

NOTE: FOR MANUFACTURED HOME DEALERS ONLY, PRELIMINARY EDUCATION REQUIREMENTS MUST BE MET PRIOR TO APPLYING FOR THE EXAMINATION.

SECTION 7 - CERTIFICATION

I, _____, certify under penalty of perjury that the foregoing and any
Secretary of Corporation (Type or Print Name)

attachments hereto for Sections 3, 4, 5, and 6 are true and correct, and that the California Secretary of State has been notified of the changes listed herein as applicable. As Secretary of the Corporation, I am the official custodian of the records of this corporation, and have the authority to affix the corporate seal.

Signature of Secretary of Corporation

AFFIX CORPORATE SEAL

Date